

MISSOURI DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES

NON EMERGENCY MEDICAL TRANSPORTATION (NEMT) QUALITY ASSESSMENT & IMPROVEMENT (QA & I) PLAN

Department of Social Services Mission Statement

To maintain or improve the quality of life for people in the state of Missouri by providing the best possible services to the public, with respect, responsiveness and accountability which will enable individuals and families to better fulfill their potential.

Purpose

The Department of Social Services, Division of Medical Services (DMS) seeks to assure access and availability of high quality NEMT services for Medicaid/MC+ recipients through development of service delivery systems, standards setting and enforcement, and education of providers and recipients. This QA & I Plan supports the following DMS objectives:

- Assessment of the quality, appropriateness of care and services furnished to all recipients, in particular, those with special health care needs;
- Use of data regarding the race, ethnicity, and primary language spoken of each recipient to improve service delivery;
- Use of performance measures and levels that designated, identified and developed by State in consultation with relevant stakeholders;
- An effective information system that supports initial and ongoing operation and review of the quality plan;
- A process for input that provides for the integration of various perspectives and priorities and will facilitate improvements in recipient health status;
- Appropriate use of sanctions, to assure appropriate delivery of care to recipients; and
- Compliance with regulatory, and contractual requirements.

Goal

The goal is to ensure that:

- High quality NEMT services are provided to recipients;
- The broker is in compliance with Federal, State, and contract requirements;
- A collaborative process is maintained to collegially work with the broker to improve care;
- Increased recipient access to medical services;
- Decreased cost of NEMT services;
- Increased accountability for transportation providers and recipients; and
- Increased quality of rides (safe, efficient).

B2Z05030
Attachment 6

Overview

This plan will be annually evaluated for effectiveness, and modified periodically as needed by the Department of Social Services, Division of Medical Services. This process includes obtaining input from stakeholders, the State Quality Assessment & Improvement Advisory Group and Consumer Advisory Group. In the instance that significant change in outcome or indicator status, modifications will be made to the plan reporting process in accordance with the Quality Assessment and Improvement, QA & I Plan Evaluation Process. These modifications may include changes to the monthly, quarterly and annual broker reports, on-site review topics, NEMT quality indicators, or reporting periods.

The broker must meet program standards for monitoring and evaluation of systems as outlined in the NEMT contract to meet Federal and State regulations. The broker must implement a QA & I Program that addresses the standards as noted but not limited to the requirements within this QA & I Plan. The broker's program shall monitor, evaluate, and implement the contract standards and processes to improve:

- Quality management;
- Utilization management;
- Records management;
- Information management;
- Care management;
- Organizational structure;
- Credentialing;
- Network Performance;
- Fraud and abuse detection and prevention;
- Access and availability; and
- Data collection, analysis and reporting.

The State utilizes the Census Bureau categories to identify race, ethnicity and primary language spoken by each member. The assessment of recipient needs must include usage of race, ethnicity and language.

Program Components

I. Plan Reports of Quality Assessment and Improvement

The broker will provide the DMS with regular reports of utilization and quality assessment. These reports will be provided in accordance with Exhibit 1, NEMT Quality Indicators.

The frequency and types of reports include:

- A. Monthly Reports: Monthly reports of member grievances, provider complaints, grievances, and appeals, and fraud and abuse detection reports will be submitted to DMS.
- B. Quarterly Reports: A quarterly evaluation of recipient grievances and provider complaints, grievances, and appeals related to NEMT services received during the

B2Z05030
Attachment 6

previous quarter. The broker shall submit the quarterly report electronically to the state agency in a format specified by the state agency. The current report format is located in Exhibit 2. Any changes to the report format must be approved by the state agency prior to submission.

- C. Annual Evaluation: An annual evaluation of the broker's quality assessment and improvement program is to be submitted in accordance with the Quality Assessment and Improvement, QA & I Plan Evaluation Process. The evaluation will, at a minimum, contain information from subcontractors and internal processes, including:
- a. An annual analysis of member grievances, provider inquiries, complaints, grievances and appeals;
 - b. Analysis of utilization and performance data;
 - c. Report of the monitoring of 24-hour coverage;
 - d. Evaluation of sentinel events: An unexpected occurrence of variation involving death or serious physical or psychological injury specifically includes loss of limb or function. The event is called "sentinel" because it indicates an incident that requires immediate attention;
 - e. Evaluation and analysis of all MC+ Quality Indicators:
 - 1. NEMT Quality Indicators (Exhibit 1).
 - 2. Member satisfaction and access to care survey data reported to DSS/DMS.
 - 3. A summary of quality issues and actions identified through the broker's QA & I process.
 - f. Documentation of monitoring, follow up and evaluation of effectiveness on action items documented in the meeting minutes of the quality and compliance committee(s) including:
 - 1. Trends identified for focused study; results of focused studies; corrective action taken; and the evaluation of the effectiveness of the actions; outcomes; and
 - 2. Evaluation and analysis of the effectiveness of fraud and abuse prevention, detection, and review outcomes and activities.
- D. Periodic Report of Quality and Utilization: The broker will provide periodic reports regarding care management, special needs, quality initiatives, subcontractor oversight, and other quality analysis reports per DMS request.

II. DMS Data Analysis

DMS will collect and analyze clinical and utilization data from a variety of sources to assess the quality and appropriateness of care delivery for the NEMT Program. This process will be completed on a quarterly basis, unless indicated by a significant change as indicated by evaluation of quality improvement outcomes. These methods include but are not limited to the following:

1. Review and evaluation of monthly reports, annual reports, and the annual evaluation submitted by the broker.

B2Z05030
Attachment 6

2. Monthly Identification and quarterly evaluation of special needs populations including their utilization and appropriateness of care review.
3. Evaluation of appropriateness of care delivery for the Fee for Service populations, including needs analysis for the identification and implementation of quality assessment and improvement projects or quality initiatives. This process will be performed in accordance with the Quality Assessment and Improvement, QA & I Plan Evaluation Process.

The objective is to support the broker in their efforts toward the continuous improvement in the provision of NEMT services. NEMT data and reports will be compiled and presented through regularly scheduled meetings with the broker staff.

III. Assessment and Evaluation

- A. DMS will review and approve the broker's targeted quality interventions, i.e. quality initiatives, prior to the implementation of these initiatives to provide input and feedback to the quality staff. In addition, DMS staff will review and approve designated policies and procedures.
- B. DMS will perform assessments and evaluations of the broker's quality assessment and improvement program. This evaluation will assess the broker's internal processes and outcomes. Targeted reviews, technical assistance are also integral components of the DMS quality oversight process.
- C. The State will perform readiness assessment and evaluations of the newly contracted broker. The on-site review of a newly contracted broker will be performed at six months in the first contract year and annually thereafter if indicated by monitoring and review findings.
- D. The scope of the assessment and evaluation is contingent upon results of the assessment of the broker's quality assessment and improvement program status. This process may include:
 1. Review of credentialing and recredentialing processes for plan network providers;
 2. Review of documentation in support of recipient and provider education activities;
 3. Results and supporting material relating to performance measures, focused studies, and audits;
 4. Follow up of findings identified during previous reviews;
 5. Review of the internal quality, utilization, information and record management;
 6. Review of care management process and records;
 7. Contract compliance issues; and
 8. Visits to a sample of provider site locations.
- E. Periodically DMS may perform targeted reviews to address aspects of care delivery that require improvement or correction. These targeted reviews will focus on specific areas of concern identified by the monthly outcome analysis, the broker, the State

B2Z05030
Attachment 6

Quality Management Program or other monitoring activities. The reviewers will utilize a number of methods to validate encounter data and evaluate care delivery in accordance with guidelines and input from the Quality Assessment and Improvement Advisory Groups and subgroups. The following documents may be utilized to perform the review:

1. Member and provider surveys;
2. Data analysis and evaluation;
3. Administrative oversight and QA & I implementation review; and
4. Focused study reports concerning appropriateness and timeliness of transportation services delivery.

IV. Compliance

- A. Sanctions: The broker must follow the requirements of the NEMT contract. Sanctions may be imposed after confirmation of inappropriate actions with determination based on surveys, member or other complaints, changes in financial status, or any other source.

BROKER REPORTED MC+ QUALITY INDICATORS

GENERAL REQUIREMENT: (Monthly Reports)

1. Recipient Grievances with resolutions
2. Provider Complaints, Grievances, and Appeals with resolutions.

PERFORMANCE MEASURE REQUIREMENTS: (Broker Annual Aggregate Report)

1. Call Center
 - o Call Abandonment Rate
 - o Call Wait Time
 - o Voice Mail Routing
2. No Show Trending
 - o Number of Members with more than 3 No Shows
 - o Number of Vendors with more than 3 No Shows
3. Timeliness and Access
 - o Number of Requests for Transportation requests processed within 24 hours.
 - o Number of Requests for Transportation requiring Social Service approval processed within 24 hours.
4. Recipient Grievance
 - o Grievance Rate (Number of Grievances/Number of Trips)
 - o Number of grievances requesting provider change due to provider behavior
5. Sentinel Events
 - o Number of Accidents without injury
 - o Number of Sentinel Events
 - o Number of Trips by Month
6. Denials
 - o Number of Denials
 - o Number of Overturned denials

ANNUAL EVALUATION DATA:

1. Monitoring of 24hour coverage
2. Member Satisfaction Survey
3. Sentinel Events
4. Evaluation of Fraud and Abuse Detection, Prevention Operations Effectiveness
5. Evaluation of trends indicated from an analysis of member grievances, provider inquiries, complaints, grievances and appeals

Note: The indicator data shall be collected and reported in accordance with state agency specifications. The Broker shall submit the DMS indicators in an electronic form utilizing tables provided by DMS. An analysis of this data and the effectiveness of the improvement activities regarding these outcomes must be included in the documentation.

**NEMT Quarterly Summary
Recipient Grievance
Provider Complaint, Grievance and Appeals**

Reporting Period (Calendar Year) From: _____ Through: _____

Purpose: The purpose of this summary is to determine:

- a. The number of complaints, grievances, and appeals received by the broker.
- b. The proper resolution of those issues.
- c. Usage of that information to improve the quality of transportation services.

General Instructions: Please complete the following in accordance with the section instructions. The completed summary sheet must be submitted electronically in accordance with the reporting schedule in section 2.14.

Recipient Grievance

Definition: A verbal or written expression of dissatisfaction from the recipient about any matter, other than an action. Possible subjects for grievances include, but are not limited to, the quality of care or services provided, condition of mode of transportation, aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the recipient's rights.

1. Total number of recipient grievances: _____
2. Number of grievances resolved within 10 days _____
3. Number of grievances pending resolution _____

Provider Complaint

Definition: A verbal or written expression by a provider which indicates dissatisfaction or dispute with a recipient, broker policies and procedures, claims, or any aspect of broker functions.

1. Total number of provider complaints: _____
2. Number of complaints resolved within 10 days _____
3. Number of complaints pending resolution _____

Provider Grievance

Definition: A written request for further review of a provider's complaint that remains unresolved after completion of the complaint process.

B2Z05030
Attachment 6

1. Total number of provider grievances: _____
2. Number of grievances resolved within 10 days_____
3. Number of grievances pending resolution _____

Provider Appeals

Definition: The formal mechanism, which allows a provider the right to appeal a grievance decision.

1. Total number of provider appeals: _____
2. Number of appeals resolved within 10 days_____
3. Number of appeals pending resolution _____

Complaint, Grievance and Appeal Trend Analysis

1. Provide documentation of identified trends. Please include resolution of any identified quality issues.

2. Provide Discussion of planned/implemented intervention.

Date report review by quality oversight committee: _____

Prepared by:

Submitted by: